FCC Form 500 DO NOT STAPLE

Do Not Write In This Area

OMB Control No. 3060-0853 Estimated time per response: 1.5 hours

Universal Service for Schools and Libraries Funding Commitment Adjustment Request Form

Please read instructions before completing.	(To be compl	eted by schools, libraries or consortia.)
Applicant's Form Identifier: 2015 EXTENSION	FCC Form 500 Application Number:	
(Create your own code to identify THIS FCC Form 500)	(To be assigned by a	dministrator.)
Block 1: Applicant Information		
1. Name of Billed Entity UKIAH UNIFIED SCHOOL DISTRICT	2. Billed Entity Nun	ber 3. Funding Year 2015
Complete Mailing Address of Billed Entity	N N	
Street Address, P. O. Box or Route Number Ci	ty State	Zip Code
511 SO. ORCHARD ST. UKIL		95482
Telephone Number Fax Number 767 - 472 -5000 767 - 463 -2120	Ema <i>PLAU</i>	il Address SENG @ UUSD . NET
5. Contact Person Information		
Contact Person Name RICH TUNKEIM		
Mailing Address Street Address, P. O. Box or Route Number Ci	ty State	Zip Code
4763 SADDLE CLUB LN. SANTA	ROSA CA	95409
Telephone Number Fax Number		Email Address
707-228-9357 888-812-	8992	RICH QAAGICONSULTING. COM
Type of Adjustment (Check all that apply)		
☑ Block 2: Services Adjustment □ B	lock 4: Equipment T	ansfer Notification
□ Block 3: Cancellation or Reduction of an FRN		

Billed Entity Name <u>UKIAH UNIFIED SCHOOL DIST</u> Contact Name <u>RICH TUNHEIM</u>			
Billed Entity Number		ntact Telephone Number 707-7	
Block 2: Services A			
Remember: The F	Funding Request Number(s li) (FRNs) listed on this form must sted in Block 1, Item 3.	be for the same Funding Year as
New Service Start Da 486 in the funding year	ate: Complete if you wish to ar listed in Block 1, Item 3. T	change the Service Start Date you linis action will NOT increase funding.	sted on a previously filed FCC Form
Contract Expiration USAC. This action wi	Date: Complete if the contra Il NOT increase funding but y	ct expiration date has changed and rou could combine it with a funding r	you wish to report the change to eduction.
Service Delivery Extension: Complete if you are requesting an extension of the deadline for delivery and installation of non-recurring services. You must submit this request to USAC on or before the September 30 following the close of the funding year. This action will NOT increase funding. Note: Complete the Contract Expiration Date (Item 7) also if your contract will expire prior to the installation or delivery of services.			
6. Service Start	Date		
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
7. Contract Exp			
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.			
8. Service Del	ivery Extension Request		9
FCC Form 471		FRN	
1008909		282/92	
Certify the reason for the service delivery and installation request by checking one of the boxes below:			

The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.

 \Box The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those

services on a properly-submitted invoice for more than 60 days after submission of the invoice.

FCC Form 500

Billed Entity Name	IKIAH UNIFIED SCHOOL	015 Contact Nan	ne RICH TU	NHEIM	
Billed Entity Number		ntact Telephone Nu	mber <u>707-228</u>	-9357	Page 2 <u></u>
Block 2: Services Ad					
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6. Service Start		To:: 15 / /	1111 2	New Date (mm/dd	hanny):
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Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.					
8. Service Del	ivery Extension Request				
FCC Form 471 FRN 282 1924					
Certify the reason for the service delivery and installation request by checking one of the boxes below:					
The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.					
☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those services on a properly-submitted invoice for more than 60 days after submission of the invoice.					
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Billed Entity Number		ntact Telephone Number 707-728	-9357 Page 2 C	
Block 2: Services A	djustment			
Remember: The F		s) (FRNs) listed on this form must be sted in Block 1, Item 3.	for the same Funding Year as	
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correctly. Please nu	mber your pages 2A, 2B, 2	C, etc. and provide the number in sp	ace provided in Block 2.	
8. Service De	livery Extension Request			
FCC Form 471		FRN		
1008 909		2821925		
Certify the reason for the service delivery and installation request by checking one of the boxes below:				
The service provi	der was unable to complete	delivery and installation for reasons bey	ond the service provider's control.	
		nplete delivery and installation after US. re than 60 days after submission of the		

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DO NOT STAPLE Billed Entity Name _	UKIAH UNIFIED SCHOOL	QIST Contact Na	me RICH TU	NHEIM	
Billed Entity Number	144489 Co	ntact Telephone N	umber 707-728	-9357	Page 2 D
Block 2: Services A					A A CONTRACTOR AND A CO
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6. Service Start	Date		31		
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7. Contract Exp	iration Date				
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	mber your pages 2A, 2B, 20				
8. Service Del	ivery Extension Request	W032	i i		
FCC Form 471			FRN		
1008909			2821927		
Certify the reason for the service delivery and installation request by checking one of the boxes below:					
The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.					
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Block 2: Services A	djustment					
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	Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.					
8. Service Del	ivery Extens	ion Request		+		¥)
FCC Form 471				FRN		
1008 909 2821928						
Certify the reason for the service delivery and installation request by checking one of the boxes below:						
The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.						
☐ The service provide services on a proper	er has been u ly-submitted i	nwilling to com	plete delivery and i than 60 days after	nstallation after USA submission of the i	AC withheld paymen nvoice.	t for those

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		2015 Contact Name RICH TU	NHEIM	
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6. Service Start FCC Form 471				
FCC FORM 4/1	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
7. Contract Exp	iration Date			
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2. 8. Service Delivery Extension Request				
FCC Form 471	•	LEDN		
FCC Form 471 FRN 2821930				
Certify the reason for the service delivery and installation request by checking one of the boxes below:				
The service provide	ler was unable to complete	delivery and installation for reasons bey	ond the service provider's control.	
☐ The service provide services on a properl	er has been unwilling to com y-submitted invoice for more	nplete delivery and installation after USA e than 60 days after submission of the	AC withheld payment for those invoice.	

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Billed Entity Name _	UKIAH UNIFIED SCHOOL	_QIST Contact Name RICH 7	UNHEIM		
Billed Entity Numbe		ontact Telephone Number 707-7	28-9357 Page 2 <u>G</u>		
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6. Service Start Date					
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):		
7. Contract Exp	piration Date				
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):		
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.					
8. Service Del	ivery Extension Request				
FCC Form 471 FRN					

Certify the reason for the service delivery and installation request by checking one of the boxes below:

services on a properly-submitted invoice for more than 60 days after submission of the invoice.

The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.

□ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those

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Billed Entity Name _	UKIAH UNIFIED SCHOOL	UIST Contact Name RICH TO	INHEIM	
Billed Entity Numbe	1	ntact Telephone Number 707-22	STATE CAME THE REPORT OF THE PARTY OF THE PA	
Block 2: Services A	djustment			
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6. Service Start	: Date			
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
7. Contract Exp	iration Date			
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.				
8. Service Del	ivery Extension Request			
8. Service Del	ivery Extension Request	FRN		
	ivery Extension Request	FRN 282193	4	

FCC Form 500

The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.

□ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those

services on a properly-submitted invoice for more than 60 days after submission of the invoice.

Billed Entity Name	UKIAH UNIFIED SCHOOL	- 015 Contact Name RICH TU	NHEIM	
Billed Entity Numbe	V	ntact Telephone Number 707-224		
Block 2: Services A	Adjustment	•	. ugo 2_ <u>2</u>	
Remember: The	Funding Request Number(s li	e) (FRNs) listed on this form must be sted in Block 1, Item 3.	for the same Funding Year as	
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6. Service Star	t Date			
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
7. Contract Exp	piration Date			
FCC Form 471	FRN(s)	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):	
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.				
8. Service Delivery Extension Request				
FCC Form 471 /008 909 Certify the reason for	or the service delivery and insi	FRN 282/937 tallation request by checking one of the	e boxes below:	

The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.

☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those

services on a properly-submitted invoice for more than 60 days after submission of the invoice.

DO NOT STAPLE			
Billed Entity Name _	UKIAH UNIFIED SC	HOLDIST Contact Name RICH TO	INHEIM
Billed Entity Numbe	r_14489	Contact Telephone Number 707-72	
Block 2: Services A	djustment		
Remember: The I	Funding Request Numl	per(s) (FRNs) listed on this form must be listed in Block 1, Item 3.	e for the same Funding Year as
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8. Service Deli	very Extension Reques	st	
FCC Form 471		FRN	

FCC Form 471	FRN			
1008 909	2821940			
Certify the reason for the service delivery and installation request by checking one of the boxes below:				
The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.				
☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those services on a properly-submitted invoice for more than 60 days after submission of the invoice.				

6 6		CL DIST Contact Name				
Billed Entity Numb	per 144481	Contact Telephone Number	707-218-9377 Page 3 <u>A</u>			
Block 3: Cancellation or Reduction of an FRN						
Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.						
Cancel: Complete if you wish to cancel an FRN. This action is irrevocable and the FRN cannot be reinstated later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.						
Reduce: Complete if you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN cannot be increased later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.						
Make as many copies of this page as needed, and number the completed pages so that they are all processed						
correctly. Please number your pages 3A, 3B, 3C, etc. and provide the number in space provided in Block 3 9. Cancel FRN						
FCC Form 471	FRN (s) (list individually)		Write in "CANCEL ALL" below if you wish to cancel all FRNs on FCC Form 471			
			,			
10. Reduce FR						
FCC Form 471	FRN(s)	Original Commitment Amount from FCDL	New Commitment Amount AFTER Reduction			
	2					
			*			

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Billed Entity Nar	me UKIAH VNIFI	School DIST Contact Nar	me_RICH TUNHEIM			
Billed Entity Nur	mber	School DIST Contact Nar	ımber <u>787-228-9367</u> Page 4	4_A		
Block 4: Equipment Transfer Notification						
Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.						
11. Equipment Transfer: Complete this section if you are transferring equipment from a closed entity to other eligible entities within three years of the date of purchase. Both the transferring and receiving entities must maintain detailed records documenting the transfer and the reason for the transfer for at least five years (or whatever retention period is required by the rules in effect at the time of this certification).						
Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 4A, 4B, 4C, etc. and provide the number in space provided in Block 4						
FCC Form 471		FRN				
Closed Entity Number		Closed Entity Name				
Purchase Date	Transfer Date	Transfer Reason				
□ Check here if transfer is temporary. Enter projected return date						
List all entities receiving the equipment. Receiving Entity(s) Number(s)		Receiving Entity Name (s)	Equipment Received Equipment name, make and model			
				117		
	-					

Billed Entity Name UKIAH UNIFIED SUKCOL DIST Contact Name RICH TUNHEIM				
Billed Entity Number 14487 Contact Telephone Number 707-228-9357				
Block 5: Certification				
 12. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 13. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. 14. I will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of delivery of discount services (or after the date of transfer for equipment transfers), (1) any and all records that I rely upon to complete this form and (2) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program. I recognize that I may be audited pursuant to this application and the applicant must 				
produce such records as required by 47 C.F.R. § 54.516. 15. Signature 16. Date				
Ruk Luchem 9/2/16				
17. Printed name of authorized person				
RIGH TUNKEIM				
18. Title or position of authorized person				
DISTRICT CONSULTANT				
19. Telephone number of authorized person				
107- 228- 9357 20. Email address of authorized person				
20. Email address of authorized person				
RICHE AAG J CONSULTING. COM				
21. Address of authorized person				
4763 SADDIE CLUB LANE, SANTA ROSA. CA 95409				
22. Name of Authorized Person's Employer				
MULIAL UNIFIED SCHOOL DISTRICT				

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

A paper copy of this form, with an authorized signature in Block 5, Item 15 should be mailed to:

SLD Form 500 P. O. Box 7026 Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD Forms ATTN: Form 500 3833 Greenway Dr. Lawrence, KS 66046 888-203-8100